

Bureau of Health Care Quality and Compliance

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PRINTED: 03/08/2010
FORM APPROVED3/29/10 POC accepted
D. Cadman HFS III

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN029S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2010
NAME OF PROVIDER OR SUPPLIER ROSEWOOD REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 SILVERADA BLVD. RENO, NV 89512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 2/12/10 and finalized on 2/18/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00024365 was partially substantiated with a deficiency cited. (See Tag Z061) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000	<p>RECEIVED</p> <p>MAY 18 2010</p> <p>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p> <p>This Plan of Correction is being submitted pursuant to all applicable Federal and State Regulations. Nothing contained herein shall be construed as an admission that the facility violated any Federal or State regulation or failed to follow any applicable Standard of Care.</p> <p>Please refer to the appropriate pages following the cited deficiency for our responses.</p>	
Z 61 SS=D	NAC 449.74429 Transfer or discharge of patient 2. Before a facility for skilled nursing may transfer or discharge a patient from the facility, the facility shall: (a) Record the reasons for the transfer or discharge in the medical records of the patient, If a patient is transferred or discharged under the circumstances described in: (1) Paragraph (a) or (b) of subsection 1, the reasons for the transfer or discharge must be	Z 61		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Z 61	<p>Continued From page 1</p> <p>recorded by the patient's physician.</p> <p>(2) Paragraph (c) of subsection 1, the reasons for the transfer or discharge must be recorded by any physician.</p> <p>(b) Give notice of the transfer or discharge to the patient and, if known, to the legal representative of the patient or a member of the patient's family. The notice must:</p> <p>(1) Be in writing;</p> <p>(2) Be in a language that is understood by the patient and his legal representative or a member of his family;</p> <p>(3) Except as otherwise provided in subsection 3, be given at least 30 days before the effective date of the transfer or discharge;</p> <p>(4) Include the reasons for the transfer or discharge;</p> <p>(5) Include the effective date of the transfer or discharge;</p> <p>(6) Specify the location to which the patient will be transferred or discharged;</p> <p>(7) Include a statement that the patient has a right to appeal the transfer or discharge;</p> <p>(8) Include the name, address and telephone number of the advocates for residents of facilities for long-term care appointed pursuant to chapter 427A of NRS; and</p> <p>(9) If the patient is developmentally disabled or mentally ill, include the name, address and telephone number of persons who advocate for and are responsible for the protection of such persons.</p> <p>This Regulation is not met as evidenced by: Based on interview, record review, and policy review the facility failed to follow their policy for notification of the resident's power of attorney of an emergent transfer to an acute care facility, preventing the acute care facility from obtaining a comprehensive medical history for 1 of 3</p>	Z 61			

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Z 61 NAC 449.74429 Transfer or discharge of patient. This Regulation is not met as evidenced by: Based on interview, record review, and policy review, the facility failed to follow their policy for notification of the resident's power of attorney of an emergent transfer to an acute care facility, preventing the acute care facility from obtaining a comprehensive medical history for 1 of 3 residents (Resident #1).

How will the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.

The following corrective actions have been accomplished for **Resident # 1:**

On the second day following the transfer of Resident #1 from Rosewood Rehabilitation Center to the acute care hospital, the Administrator of Rosewood became aware of the fact that the Resident's sister, who also held the Resident's Power of Attorney, had not been notified of the transfer of the Resident to the acute care hospital. The Administrator on that same day spoke with the Resident's sister and provided to the sister information regarding the medical circumstances requiring the transfer and further information regarding the Resident's discharge status with Rosewood.

Immediately, upon learning that the responsible Nurse on Duty at the time Resident #1 was discharged to the hospital had failed to communicate to the nearest relative with Power of Attorney that the Resident had been transferred, the Administrator counseled the Nurse on this issue. It was learned that the Nurse attempted to contact the nearest relative by telephone but received no answer. The Nurse then, being involved in preparing the patient for transfer, failed to attempt further communication with the nearest relative. In this case, the medical needs of Resident #1 required an immediate transfer to the acute care hospital.

After discussing the circumstances surrounding the failure of the responsible Nurse to follow through with communication to the nearest relative, the Administrator further counseled the Nurse on her responsibilities to the patient and to the nearest relative and stressed the importance of communicating information to the nearest relative in this and any case of an immediate transfer of a patient to an acute care hospital.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.

All Residents at Rosewood Rehabilitation Center have the potential to be affected by the deficient practice, particularly at the time of transfer and/or discharge.

What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur.

The following corrective measures have been put into place at Rosewood Rehabilitation Center to eliminate this type of communication error:

- The Administrator and Nursing Supervisory Staff have provided, as a reminder, verbal communication to Nursing Staff working on the floor the importance of notifying the Resident's nearest relative or representative with Power of Attorney when a Resident is transferred or discharged.
- The Administrator and Nursing Supervisory Staff periodically provide written reminders on important issues, such as this. In the future, they will include written reminders to Nursing Staff regarding their responsibilities of notifying the Resident's nearest relative or representative with Power of Attorney when a Resident is transferred or discharged.
- The Nursing In-Service Training Program scheduled for April 27, 2010 will include the subject of Transfer or Discharge of Patient and will include a review of State Regulation NAC 449.74429 as it relates to communication with the Resident's nearest relative and/or legal representative.

How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program(s) will be put into place to monitor the continued effectiveness of the systemic change.

The Administrator at Rosewood Rehabilitation Center will review all transfers and discharges during the next thirty (30) day period to ensure that proper notice is given to Residents, Residents' nearest relative, and Residents' legal representative.

The responsible party for the accomplishing and/or monitoring compliance with the corrective action. If the corrective action involves more than one person, the party who maintains ultimate responsibility.

The Administrator at Rosewood Rehabilitation Center is the responsible party for accomplishing and/or monitoring compliance.

The anticipated date of correction, including month, day, and year. This date must not exceed 60 days or the "date certain" as indicated in the cover letter, which accompanies the Statement of Deficiencies.

The anticipated date of correction is April 27, 2010 for full completion of the corrective action, including In-Service Training for all Nursing Staff.

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Z 61	Continued From page 2 residents (Resident #1). Severity: 2 Scope: 1	Z 61			

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